

Foster Family Home - Corrective Action Report

Provider ID: 1-130020

Home Name: Junie Sales, CNA

94-387 Kahuapaa Street

Waipahu HI 96797

Review ID: 1-130020-6

Reviewer: Angelica Galindo

Begin Date: 4/26/2019

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 4/26/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/26/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) - Ecrim lapsed for CG#2 and HHM#1: both due on/before 4/14/2017, both done on 4/15/2019.

8.(a)(2) - APS/CAN lapsed for CG#2 and HHM#1: both due on/before 4/13/2017, both done on 4/15/2019.

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - No record of fire drill conducted by CG#3 for 2018.

Foster Family Home Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) - No record of current Service plan for Client #1 & Client #2. Client #1 SP last updated 3/01/2018 and Client #2 SP last updated 4/27/2018.

54.(c)(5) - No record of Medication Administration Record for Client #1 for the months of 2/2019, 3/2019 and 4/2019. Medication discrepancy on medication administration record for Client#2: 4 prescribed medications not listed on MAR for April, 2019.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Junie B. Sales
CCFFH Address: 94-387 Kahuapaa Street Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)	Lapse cannot be corrected. 2019 eCrim results for CG#2 and HHM#1 placed in appropriate binder.	Done 4/15/2019	Home understands the criminal history record checks requirements. Home will use calendar placed on refrigerator to input all due dates and reminders 2-month prior to due date to prevent any future lapses.
8.(a)(2)	Lapse cannot be corrected. 2019 APS/CAN results for CG#2 and HHM#1 placed in appropriate binder.	Done 4/15/2019	Home understands the criminal history record checks requirements. Home will use calendar placed on refrigerator to input all due dates and reminders 2-month prior to due date to prevent any future lapses.
(3P)(b)(6)	CG#3 conducted fire drill for month of May. Form has been put into home binder.	5/9/2019	Fire Drills will be done by all caregivers at least once a year. Home made a plan to conduct a fire drill every 1 st Tuesday of the month. Reminders for each month inputted in calendar placed on refrigerator.
54.(c)(2)	Current service plans updated by CMA for Client #1 & #2 and placed in clients' charts.	5/9/2019	Home will ensure service plans are updated every 6 months by CMA and needed signatures are obtained.
54.(c)(5)	Client #1 MARs updated by CMA and charting completed by CG#1. MARs placed in client's chart. Client #2 Medication discrepancy was corrected by client's CMA, MD and CG#1 on client's Medication Administration Record. MARs placed in client's chart.	5/2/2019 4/27/2019	CGs will ensure charting is completed for every medication administration immediately after medication is given. CG#1 will look at all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, Pharmacy and/or doctor if they are different.

Primary Caregiver's Signature: _____

Print Name: JUNIE B. SALES

Date of Signature: 5/23/19